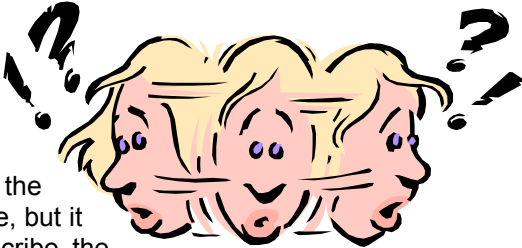


IMPORTANT NEWS

AHCCCS Claims Clues and Encounter Keys publications are available online at: www.ahcccs.state.az.us/publications.
ADHS/DBHS Covered Services Guide available at www.hs.state.az.us/bhs/covserv.htm.

Dementia Not A Disease



Dementia is not the name of a disease, but it is a word to describe the mental condition of a person whose memory is impaired. This loss usually gets worse and gets in the way of normal daily activities. There are many different kinds of dementia with many different causes. Someone with dementia could have any of the following symptoms: memory loss, personality changes, and loss of problem-solving skills, communication problems, disorientation, and poor judgment. Conditions which may cause dementia include: Alzheimer's Disease, Parkinson's disease, Huntington's disease, brain tumor, head trauma, multiple sclerosis. Those with dementia can have a wide range of problems and this may not support medical necessity of a covered benefit when used alone. For this reason, contractors have installed edits in their system. A transmittal was sent, effective September 1, 2001, that states contractors may not install edits that result in an automatic denial of services based solely on the diagnosis codes for dementia.

P295 Service Provider Terminated During Service Date Span The RBHAs need to access PMMIS. Look at the screen PR070 (Provider Enrollment History) and check the provider for enrollment status. If everything is okay there, the RBHAs can then check PR015 (Provider Address). Scroll to the site address and then look at the begin and end date. The RBHAs should have the providers contact AHCCCS if there is a problem.

R600 Medicare Coverage Indicated but Not Billed

Encounters will pend because the TPL file indicates that the recipient has Medicare coverage but the claim has been submitted with the Medicare fields blank. If the TPL file indicates that a recipient has Medicare, claims for that recipient must be submitted with a dollar amount. If the service is not a Medicare covered service "0" must be entered in the Medicare fields.

DBHS System Service Requests Update

The following System Service Requests (SSR) were discussed at the May 9, 2002, ITS meeting. This enhancement was necessary to ensure that the data being reported to DBHS coincides with the AHCCCS system and minimizes the number of AHCCCS pends.

Please ensure that these edits are added or updated in your system so they will process accordingly.

Top Monthly Edits – DBHS Pends

These edits continue to represent the majority of the pended encounter problems.

F350 Number of Units is Invalid for Date of Service/S385 Service Units Exceed Maximum Allowed

Encounters will pend for edit F350/S385 when the billed unit amount exceeds that procedure code's maximum daily limit as defined in the AHCCCS PMMIS system (reference screen RF113) and the Covered Behavioral Health Services Guide. These units are calculated per recipient per date of service, not per provider or per encounter.



• SSR Changes Requested

N96 UB-92 Ancillary Codes

The following provider types are required to report ancillary codes on inpatient claims: 02, 71, B5 and B6. This edit will ensure that the appropriate providers are reporting ancillary revenue codes.

N109 UB-92 First Line Revenue Codes

Only revenue codes 11X, 12X, 13X, 15X and 18X are allowed on the 1st line of an inpatient UB-92 encounter. This edit will ensure that the first line revenue code being billed on inpatient claims is a valid accommodation code.

N110 UB-92 Unit Validation Edit

Add 15X revenue code to edit and valid bill types for patient status "20". The update to the edit includes validation of 15X revenue code for UB's & includes

discharge bill type check when validating patient status 20.

N34 One day UB-92 Billing

Provider Type 78, B1, B2, B3 can be used when reporting revenue code 18X. A modification to edit "N34" allows for this exception to encounters with same start date and end date.

- **SSR Currently in Testing**

Diagnoses code 799.9 other unknown and Unspecified Cause. This edit will restrict the use of diagnosis code 799.9 to be used only for transportation (Categories of Service 14 & 13) and Subvention (S-Code) encounters for DOS after 02/01/2002. (This is a correction from the spreadsheet that Kevin Gibson had sent out in May and has since been modified.)

- **SSR Ready for Promotion**

N86 Unacceptable Ancillaries

Prohibit use of 240 or 249 ancillary revenue codes. The edit for this error will occur on UB-92 encounters submitted with revenue codes 240 all-inclusive or 249 all-inclusive/other.

Corrections From Previous Issues

No corrections

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Going, Going, Gone

The eligibility verification line is going away 06/30/02.

This is now the responsibility of the RBHAs.
